

Case Number:	CM15-0202072		
Date Assigned:	10/16/2015	Date of Injury:	08/14/2014
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old male, who sustained an industrial injury on 8-14-2014. The injured worker is undergoing treatment for lumbar strain-sprain and chronic low back pain. Medical records dated 6-1-2015 and 6-15-2015 indicate the injured worker complains of low back pain rated 10 out of 10. "Since the onset, he reports the problem unchanged." The treating physician indicates "he occasionally has discomfort extending down the right leg." Physical exam dated 6-15-2015 notes lumbar and lumbosacral tenderness to palpation, painful decreased range of motion (ROM) and painful straight leg raise. Treatment to date has included X-rays, occupational therapy, physical therapy and medication. Treating physician review of 3-6-2015 magnetic resonance imaging (MRI) indicates lumbar disc bulges, disc degeneration and annular tear. The original utilization review dated 10-6-2015 indicates the request for Nerve block; medial branch block right L4-5 and L5-S1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nerve block; medial branch block right L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet- mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 6-1-2015 and 6-15-2015 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back/Facet joint medial branch block (therapeutic injections) medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. As this procedure is not recommended per ODG guidelines, the request is not medically necessary.